


Name of Policy:	<u>Patient response to therapy</u>	 <p>Effective Date: June 1, 2023 Initial Effective Date: 12/1/2004</p>
Policy Number:	3364-136-03-07	
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

All respiratory care procedures must be evaluated regarding the patient's response to that therapy. All pertinent responses to therapy should be documented accordingly in the electronic medical record (EMR).

The ongoing assessment of the respiratory status of the patient is a collaborative effort that involves the physician, nurse, and respiratory practitioner. The goals/objectives, effects/progress of the respiratory status and the effect of the respiratory care procedures will be documented in the patient's medical record by the physician in the patient progress notes. The nurse and the respiratory practitioner will document in the appropriate sections of the patient's EMR.

Patients ordered for "PRN" treatments will be assessed by a respiratory care practitioner and inform the nurse and the patient if a treatment is needed to page Respiratory Care.

The Respiratory Care Practitioner will document all patient refusal of ordered therapy in the EMR. All Respiratory Care documentation will be completed in its entirety and in a timely fashion in the EMR. Signing in under one's name and password is akin to a signature.

(B) Purpose of Policy

To ensure patient safety during the administration of all respiratory care procedures, by monitoring respiratory, cardiovascular, and neurologic responses to such procedures.

(C) Procedure

Monitoring will be in accordance with the following guidelines:

- I. Respiratory responses to therapy:
 - Changes in respiratory rate and/or rhythm
 - Patient color
 - Breath sounds before and after therapy
 - Cough effectiveness
 - Sputum production, quantity, consistency, color
 - Status of any chest tubes/pneumothorax and the effects the treatment had on their function -
 - Results of any non-invasive respiratory monitoring in use during the therapy
 - Any measurements made in conjunction with the therapy; negative inspiratory force, vital capacity, tidal volume, peak flow rates as appropriate
 - Changes in patient's subjective findings (complaints of dyspnea)
 - Degree of restlessness and irritability

- II. Cardiovascular responses to therapy:
 - Heart rate, pre and post therapy
 - Changes in various blood pressures; arterial, central venous, pulmonary artery,
 - Arrhythmias

- III. Neurologic responses to therapy:
 - Any changes in level of consciousness
 - Any changes in level of responsiveness
 - Seizures
 - Intracranial pressures

- IV. Adverse reactions to therapy:

The patient should be closely monitored for the occurrence of any of the following specific adverse reactions.

 - Pain
 - Nausea/vomiting
 - Dizziness
 - Bronchospasm
 - Hemoptysis

- V. All patients treated under “RT Assess and Treat Protocol” will be managed as outlined in Respiratory Care policy #3364-136-04-12.

All adverse drug reactions (ADR) that are serious, uncommon, and unexpected shall be reported to Pharmacy. The ADR Hotline number is 8359.

If the patient's response to therapy is adverse, it may be necessary to modify or terminate therapy, monitor the patient for further change in symptoms, and contact the patient's nurse and/or physician, in accordance with Respiratory Care policy #3364-136-03-06, and document accordingly in the EMR.

<p>Approved by:</p> <p><u>/s/</u> <u>06/22/2023</u> Michael Taylor Director, Pulmonary Services Date</p> <p><u>/s/</u> <u>08/01/2023</u> Shahnaz Rehman, M.D. Medical Director Date</p> <p><u>/s/</u> <u>06/29/2023</u> Russell Smith Senior Hospital Administrator Date</p> <p><i>Review/Revision Completed By:</i> <i>Director, Pulmonary Services</i></p>	<p>Review/Revision Date:</p> <p>05/27/1990 07/03/1991 03/11/1993 02/13/1996 08/26/1999 07/23/2001 11/10/2004 08/29/2007 08/11/2010 08/07/2012 12/01/2015 04/08/2019 06/01/2023</p>
<p>Policies Superseded by This Policy:</p>	<p>Next Review Date: June 1, 2026</p>

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.